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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p style="text-align: center;">     </p> <p>Ralph Hooks, Warden St. Clair Correctional Facility 1000 St. Clair Road Springville, AL 35146</p>	<p>A. Signature <b>X</b> <i>Harold W. Cagle</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <i>Harold W. Cagle</i> <span style="float: right;"><i>7-17-7</i></span></p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2001</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span>  <input type="checkbox"/> Registered <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
<p><i>2:07cv462-WHA (pet/crimes 2007)</i></p> <p>7005 1160 0001 2556 6926</p> <p style="font-size: small;">Return Receipt</p>	

102595-02-M-1540